



783

. 20

LICENSE NUMBER

WHOLESALE NAME

ADDRESS

CIGARETTES TRANSFERRED FROM MISSOURI INTO (CONSIGNEE STATE OR COUNTRY)

If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail excise@dor.mo.gov. You may also access this form from the Department's web site: www.dor.mo.gov/tax/business/excise/tobacco/forms/.

INSTRUCTIONS:

1. Complete (in triplicate) Form 783 for each state.
2. Attach original and duplicate to the Consolidated Monthly Cigarette Tax Report (Form 265-20 and/or Form 265-25). Retain third copy for your file.

NOTE: CSR 10-16.150(3) — A licensed cigarette wholesaler may possess packages of cigarettes designated for export if a tax stamp or meter impression required by another state is affixed to such packages of cigarettes and such packages are stored separately and distinct from Missouri tax stamped cigarettes.

DATE	INVOICE NUMBER	TO WHOM SOLD OR TRANSFERRED (NAME, STREET ADDRESS, CITY, STATE)	NUMBER OF PACKAGES OF CIGARETTES – 25s	NUMBER OF PACKAGES OF CIGARETTES – 20s
Enter total here and on Line 14 of Form 265-20 and/or Form 265-25 or if necessary continue on reverse side of this form.				

EXPORT OF STAMPED CIGARETTES REPORT — SCHEDULE E

DATE	INVOICE NUMBER	TO WHOM SOLD OR TRANSFERRED (NAME, STREET ADDRESS, CITY, STATE)	NUMBER OF PACKAGES OF CIGARETTES – 25s	NUMBER OF PACKAGES OF CIGARETTES – 20s
Enter total from Form 783, Page 1				
Enter total here and on Line 14 of Form 265-20 and/or Form 265-25				